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WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 5784

<b>SERIAL NUMBER</b> 09/847,425	<b>FILING DATE</b> 05/02/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 261/275	
<b>APPLICANTS</b> Denise R. Barbut, New York, NY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 07/09/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 43	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 22249					
<b>TITLE</b> Devices and methods for preventing distal embolization using flow reversal and perfusion augmentation within the cerebral vasculature					
<b>FILING FEE RECEIVED</b> 542	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/847,425	<b>FILING DATE</b> 05/02/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 261/275	
<b>APPLICANTS</b> Denise R. Barbut, New York, NY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/09/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 43	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 34263					
<b>TITLE</b> Devices and methods for preventing distal embolization using flow reversal and perfusion augmentation within the cerebral vasculature					
<b>FILING FEE RECEIVED</b> 542	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		